



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#3/ Revocation
Power of
Attorney
12/3/02
H. Butt

In re Application of: Schulte

Serial No.: 09/932,687

Filed: August 17, 2001

For: WELL-PLATE MICROFLUIDICS

Group Art Unit: Unknown

Examiner: Unknown

Paper No.: 2

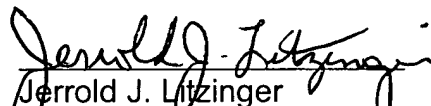
Honorable Commissioner of Patents and Trademarks
Washington, D.C. 20231

REVOCATION OF POWER OF ATTORNEY
AND NEW POWER OF ATTORNEY

Enclosed are papers which revoke the previous Power of Attorney and appoint a new Power of Attorney for the aforementioned application. These papers are signed by an authorized agent of the assignee of record, Micronics, Inc. Also enclosed is Form PTO/SB/96, which contains a statement under 37 CFR § 3.73(b).

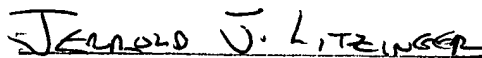
Please address all correspondence to the new Attorney of Record.

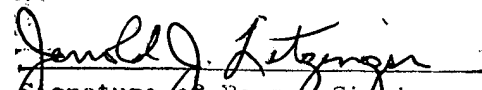
Respectfully submitted,


Jerrold J. Litzinger
Reg. No. 29,402

c/o Sentron Medical, Inc.
4445 Lake Forest Drive
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Cincinnati, OH 45242
Attorney for Applicants
(513) 563-3282

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/932,687
Filing Date	August 17, 2001
First Named Inventor	Schulte
Title	WELL-PLATE MICROFLUIDICS
Group Art Unit	
Examiner Name	
Attorney Docket Number	5SMV51.1

I hereby appoint:

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☒ Practitioner(s) named below:

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Jerrold J. Litzinger	29402

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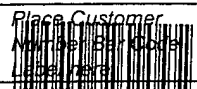
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☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Micronics, Inc.

Signature

By: *[Signature]*

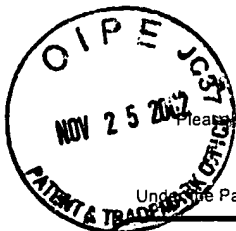
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/932,687
Filing Date	August 17, 2001
First Named Inventor	Schulte
Group Art Unit	
Examiner Name	
Attorney Docket Number	5SMV51.1

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Micronics, Inc.

Signature

Date

Oct. 29, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Schulte et al.Application No./Patent No.: 09/932,687 Filed/Issue Date: August 17, 2001Entitled: WELL-PLATE MICROFLUIDICSMicronics, Inc., a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012238 Frame 0643, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

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The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Oct 29, 2002
Date

Micronics, Inc.

Typed or printed name

[Signature]

Signature

President

Title



1723

PTO/SB/21 (08-00)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/932,687	
	Filing Date	08/17/2001	
	First Named Inventor	Schulte	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	5	Attorney Docket Number	5SMV51.1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jerrold J. Litzinger
Signature	<i>Jerrold J. Litzinger</i>
Date	November 19, 2002

CERTIFICATE OF MAILING			
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Typed or printed name	Jerrold J. Litzinger		
Signature	<i>Jerrold J. Litzinger</i>	Date	Nov. 19, 2002

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